

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
HEALTH CARE FINANCING ADMINISTRATION

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| 1. TRANSMITTAL NUMBER: <u>2000 — 05</u> | 2. STATE: <u>Florida</u> |
| 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| 4. PROPOSED EFFECTIVE DATE <u>July 1, 2000</u> | |

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

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| 6. FEDERAL STATUTE/REGULATION CITATION: <u>42 CFR 440.10</u> | 7. FEDERAL BUDGET IMPACT: a. FFY <u>2000</u> \$ <u>2,435</u> b. FFY <u>2001</u> \$ <u>9,830</u> |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Attachment 3.1-A, page 22</u> <u>Attachment 3.1-B, page 21</u> | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <u>Attachment 3.1-A, page 22</u> <u>Attachment 3.1-B, page 21</u> |

10. SUBJECT OF AMENDMENT:

Outpatient Hospital Services

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL: | 16. RETURN TO: |
| 13. TYPED NAME: <u>Gary Crayton</u> | <u>Gary Crayton</u> <u>Deputy Director for Medicaid</u> <u>Agency for Health Care Administration</u> <u>Post Office Box 12600</u> <u>Tallahassee, Florida 32317-2600</u> |
| 14. TITLE: <u>Deputy Director for Medicaid</u> | <u>Attention: Wendy Johnston</u> |
| 15. DATE SUBMITTED: <u>June 5, 2000</u> | |

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED: <u>June 9, 2000</u> | 18. DATE APPROVED: <u>November 9, 2000</u> |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>July 1, 2000</u> | |
| 20. SIGNATURE OF REGIONAL OFFICIAL: <u>Eugene A. Grasser</u> | 21. TYPED NAME: <u>Eugene A. Grasser</u> |
| 22. TITLE: <u>Assistant Regional Administrator</u> <u>Division of Medicaid and State Operations</u> | |
| 23. REMARKS: | |

7/1/2000 OUTPATIENT HOSPITAL SERVICES: Services are limited to a maximum of \$1,500 for non-EPSDT recipients 21 years of age and over per fiscal year. There is no limitation for EPSDT recipients. The \$1,500 limit may be exceeded for emergencies, life-sustaining treatment, or any Medicaid-compensable outpatient hospital service if the application of the limitation would result in the services being provided at a higher Medicaid rate elsewhere.

Amendment 2000-05
Effective 7/1/2000
Supersedes 93-02

Approval NOV 09 2000